PATENT 450100-02714

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:

Makoto KOREHISA, et al.

Serial No.:

09/663,501

Filed:

September 15, 2000

For:

BROADCAST PROGRAM INFORMATION PROCESSING

APPARATUS

Art Unit:

Examiner:

2611

Huynh, Son P.

Confirmation No.:

2807

745 Fifth Avenue New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on September 15, 2004

William S. Frommer, Reg. No. 25,506

(Name of Applicant, Assignee or Registered Representative)

September 15, 2004

Date of Signature

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Dear Sir:

Prior to examination on the merits, please amend the above-identified application as follows.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE Makoto KOREHISA, et al. Serial No. 09/663,501 RECEIVED Filed September 15, 2000 SEP 2 2 2004
Technology Center 2600 For **BROADCAST PROGRAM INFORMATION PROCESSING APPARATUS** Examiner Huynh, Son P. Art Unit 2611 745 Fifth Avenue New York, NY 10151 Tel: 212-588-0800 **Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450 Dear Sir: Transmitted herewith is an amendment in the above-identified application. No additional fee is required. The fee has been calculated as shown below. This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply. Claims as Amended (1)(2)(3)(4) (5)(6) (7)Claims remaining after Highest Present extra Rate Additional amendment number Fee previously paid for **★** 0 x Total claims 9 Minus ** =20 \$18 (9) = \$0***=7 Independent claims 1 Minus * 0 x \$86 (43) = \$0Total additional fee for this amendment \$0 If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5. If the highest number of total claims previously paid for is less than 20, write "20" in this space. *** If the highest number of independent claims previously paid for is less than 3, write "3" in this space. This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid \square , or is paid herewith . This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed. A check in the amount of \$_____ is attached, which covers the cost of \[\square additional claims \(\square \) petition for extension of Charge \$_____ to Deposit Account No. 50-0320. Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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William S. Frommer, Reg. No. 25,506

Name of Applicant, Assignee or Registered Representative Signature

September 15, 2004

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP

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